

<i>SERFF Tracking Number:</i>	<i>OXFR-127644354</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Christian Fidelity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49858</i>
<i>Company Tracking Number:</i>	<i>CFPREAR2011MSRATE</i>		
<i>TOI:</i>	<i>MS02I Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS02I.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement /</i>		

## Filing at a Glance

Company: Christian Fidelity Life Insurance Company

Product Name: Medicare Supplement	SERFF Tr Num: OXFR-127644354	State: Arkansas
TOI: MS02I Individual Medicare Supplement - Pre-Standardized	SERFF Status: Closed-Approved-Closed	State Tr Num: 49858
Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized	Co Tr Num: CFPREAR2011MSRATE	State Status: Approved-Closed
Filing Type: Rate	Author: Pat O'Hara	Reviewer(s): Stephanie Fowler
	Date Submitted: 09/22/2011	Disposition Date: 10/10/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: 01/01/2012		Implementation Date:

State Filing Description:

## General Information

Project Name: Medicare Supplement	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 10/10/2011
	State Status Changed: 10/10/2011
Deemer Date:	Created By: Pat O'Hara
Submitted By: Pat O'Hara	Corresponding Filing Tracking Number:
Filing Description:	
September 22, 2011	

Arkansas Department of Insurance  
1200 West 3rd Street  
Little Rock, Arkansas 72201-1904

RE: Christian Fidelity Life Insurance Company  
NAIC: 61859; FEIN: 74-0483480

SERFF Tracking Number: OXFR-127644354 State: Arkansas  
Filing Company: Christian Fidelity Life Insurance Company State Tracking Number: 49858  
Company Tracking Number: CFPREAR2011MSRATE  
TOI: MS021 Individual Medicare Supplement - Pre- Sub-TOI: MS021.000 Medicare Supplement - Pre-  
Standardized Standardized  
Product Name: Medicare Supplement  
Project Name/Number: Medicare Supplement /  
2010 Individual Prestandard Medicare Supplement Rate Filing

To Whom It May Concern:

Christian Fidelity Life Insurance Company is submitting the enclosed filing for your review and approval.

We are requesting a review of the following form:

89H-104

The rates submitted fulfill the annual filing of rate requirements for 2011.

Enclosed please find an actuarial memorandum in support of the proposed rate actions.

If you have any questions regarding this filing, please feel free to contact me.

Sincerely,

Patrick O'Hara  
Regulatory Compliance Analyst  
(888) 757-3732, ext. 670130  
patohara@oxfordlife.com

## Company and Contact

### Filing Contact Information

Pat O'Hara, Regulatory Compliance Analyst PatO'Hara@Oxfordlife.com  
2721 N. Central Ave. 602-263-6666 [Phone] 670130  
[Ext]

Phoenix, AZ 85004

### Filing Company Information

Christian Fidelity Life Insurance Company	CoCode: 61859	State of Domicile: Arizona
2721 North Central Avenue	Group Code:	Company Type:
Phoenix, AZ 85004-1172	Group Name:	State ID Number:
(888) 757-3732 ext. [Phone]	FEIN Number: 74-0483480	

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 per form  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Christian Fidelity Life Insurance Company	\$50.00	09/22/2011	52016928

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Project Name/Number:	Medicare Supplement /		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/10/2011	10/10/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	10/05/2011	10/05/2011	Pat O'Hara	10/07/2011	10/07/2011

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Product Name:	Medicare Supplement		
Project Name/Number:	Medicare Supplement /		

## Disposition

Disposition Date: 10/10/2011

Implementation Date:

Status: Approved-Closed

Comment: We have approved this rate filing. There was no increase requested.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Christian Fidelity Life Insurance Company	0.000%	0.000%	\$0	3	\$5,456	%	%

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<i>Project Name/Number:</i>	<i>Medicare Supplement /</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Rate Exhibits	Approved-Closed	No
<b>Rate (revised)</b>	Medicare Supplement	Approved-Closed	Yes
<b>Rate</b>	Medicare Supplement		No

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Standardized Standardized  
Product Name: Medicare Supplement  
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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/05/2011  
Submitted Date 10/05/2011  
Respond By Date 11/07/2011

Dear Pat O'Hara,

This will acknowledge receipt of the captioned filing. Please amend this filing to include only the rates (which are considered public information) under the "Rate/Rule Schedule" and all the supporting information should be included with the Actuarial Memorandum under the Supporting Document tab.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/07/2011
Submitted Date	10/07/2011

Dear Stephanie Fowler,

### Comments:

### Response 1

Comments: We have amended the submission to include only exhibit I under the Rate and Rule tab. The remaining exhibits have been moved to the Supporting Documents tab.

Please advise if you need any additional information.

Patrick O'Hara

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied -Name: Rate Exhibits

Comment:

No Form Schedule items changed.

### Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
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Medicare Supplement	89H-104	New	<i>Previous State Filing Number</i>	0
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### Previous Version

Medicare Supplement	89H-104	New	<i>Previous State Filing Number</i>	0
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	<i>Standardized</i>		<i>Standardized</i>
<i>Product Name:</i>	<i>Medicare Supplement</i>		
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Sincerely,  
Pat O'Hara

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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	7.000%
<b>Effective Date of Last Rate Revision:</b>	01/01/2010
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Christian Fidelity Life Insurance Company	0.000%	0.000%	\$0	3	\$5,456	%	%

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 10/10/2011	Medicare Supplement	89H-104	New		Exhibit I - Current Rates.pdf

Christian Fidelity Life Insurance Company  
State of Arkansas  
Policy Forms 89H-104

**Proposed Increase**

**0.00%**

<b>Current Rates</b>				
<u>AGE AT ISSUE</u>	<u>ANNUAL</u>	<u>SEMI-ANNUAL</u>	<u>QUARTERLY</u>	<u>MONTHLY PAC</u>
64-75	1,441.29	735.50	375.25	124.25
76-85	1,653.15	843.50	430.50	142.50
86 Up	1,753.73	894.75	456.50	151.25

<b>Proposed Rates</b>				
<u>AGE AT ISSUE</u>	<u>ANNUAL</u>	<u>SEMI-ANNUAL</u>	<u>QUARTERLY</u>	<u>MONTHLY PAC</u>
64-75	\$1,441.29	\$735.50	\$375.25	\$124.25
76-85	\$1,653.15	\$843.50	\$430.50	\$142.50
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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/22/2011	Rate and Rule	Medicare Supplement	10/07/2011	Exhibit A - Benefit Description.pdf (Superseded) Exhibit B - Average Premium and In Force Counts.pdf (Superseded) Exhibit C - Nationwide Experience.pdf (Superseded) Exhibit D - Arkansas Experience.pdf (Superseded) Exhibit E - Arkansas Projection Assumptions.pdf (Superseded) Exhibit F - Nationwide Projections at 0.0%.pdf (Superseded) Exhibit G - Arkansas Projections at 0.0%.pdf (Superseded) Exhibit H - Rate Adjustment History.pdf (Superseded) Exhibit I - Current Rates.pdf